

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE							
						APPLICANT(S)	10/088388							
CLAIMS						*	*	*						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2							52							
3							53							
4							54							
5							55							
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11							C1							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3				TOTAL IND.					TOTAL IND.		
TOTAL DEP.			16				TOTAL DEP.					TOTAL DEP.		
TOTAL CLAIMS			116				TOTAL CLAIMS					TOTAL CLAIMS		